

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKWilliam Ray

(In the space above enter the full name(s) of the plaintiff(s).)

16CV6483

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

Jury Trial: Yes ☒ No ☐
(check one)

Defendant No. 1

New York City

Defendant No. 2

New York City Police Department

Defendant No. 3

New York County District Attorneys Office

Defendant No. 4

Carravas Pizza Shop

Defendant No. 5

Cyrus B. Vance

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

William Ray

ID #

16A 2437

Current Institution

Downstate Corr Facility

Address

Downstate Correctional FacilityPO Box FFishkillNew York12524-0445

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name New York City Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 2 Name NY PD Shield # _____
 Where Currently Employed _____
 Address 1 Police Plaza New York, NY

Defendant No. 3 Name New York County District Attorney's Office Shield # _____
 Where Currently Employed _____
 Address One Hogen Place
NY New York

Defendant No. 4 Name Carravak's Pizza Shop Shield # _____
 Where Currently Employed _____
 Address 7th Avenue & Christopher St
New York City NY

Defendant No. 5 Name Cyrus B Vance Shield # _____
 Where Currently Employed NY County DA's Office
 Address One Hogen Place
New York, NY

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? N/A

B. Where in the institution did the events giving rise to your claim(s) occur? N/A

C. What date and approximate time did the events giving rise to your claim(s) occur? July 20th
07 2014

D. Facts: On or about July 20, 2014 I was arrested in relation to the theft of a woman's wallet from her pocketbook at Carara's Pizza Shop (located at 7th Ave and Christopher St. in New York, N.Y.). The surveillance footage from this location clearly showed me on the opposite end of this establishment from the victim and her belongings. The entire ~~entire~~ duration of the footage never shows me in her vicinity close enough to have committed the theft.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

This fact notwithstanding, the New York Police Department investigators still felt a need to charge me with this crime; Carara's Pizza Shop felt a need to press charges; and the New York County District Attorney's Office felt a need to prosecute to the fullest extent of the law.

Because of this crime for which I was exonerated at trial, I lost my apartment, a job I was being considered for, was deprived of my liberty, my name was slandered, I was subjected to punishment in violation of my rights guaranteed to me by the United States Constitution 5th & 14th Amendments.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Deprivation of Liberty, Deprivation of the pursuit of happiness, verbal slander, False imprisonment, loss of employment, loss of domicile

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). N/A

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☒ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? N/A

1. Which claim(s) in this complaint did you grieve? N/A

2. What was the result, if any? N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. N/A

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes ☐ No ☒

1. If YES, whom did you inform and when did you inform them? N/A

2. If NO, why not? N/A

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the court to do for you.

2,000,000.00 For False imprisonment
 2,000,000.00 For deprivation of Liberty and Happiness
 2,000,000.00 For Verbal Slander
 2,000,000.00 For unlawful punishment
 20,000,000.00 For punitive damages For malicious prosecution

Total Relief Sought

28,000,000.00

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On
these
claims

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:
Plaintiff _____
Defendants _____
2. Court (if federal court, name the district; if state court, name the county) MA
3. Docket or Index number _____
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes _____ No _____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes _____ No ☒

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:
Plaintiff _____
Defendants _____
2. Court (if federal court, name the district; if state court, name the county) _____
3. Docket or Index number _____
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit: _____
6. Is the case still pending? Yes _____ No _____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

Signed this 5 day of August, 2016. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

William Ray

Inmate Number

16A 2437

Mailing address

Downstate Corr. Fac

PO Box F Fishkill

New York NY 12524-0445

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 5th day of August, 2016, I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

William Ray

William Ray 16A2437
Downstate Correctional Facility
PO Box R Fishkill New York
12524-0445

DOWNSTATE
RECEIVED
SDNY P.O. SE 06516
2016 AUG 16 AM 10:00
CORRECTIONAL
FACILITY

USM_{PS}
SDNY

UNITED STATES District Court
Southern District of New York
500 Pearl Street Room 2B
New York New York 10007

